



## DEPARTMENT OF VETERANS AFFAIRS Veterans Health Administration

April 2003

Dear VA Healthcare Provider:

The Department of Veterans Affairs has selected **loratadine (Claritin®)** as its preferred non-sedating antihistamine. In general, there are no differences with regard to efficacy and safety between products for the management of allergic rhinitis and chronic idiopathic urticaria.<sup>1</sup> As a result, the primary reason for the switch from fexofenadine (Allegra®) to **loratadine** is lower cost (\$35.40-38.70/month [FSS] vs. \$11.40/month). The dose of **loratadine** is 10 mg daily. In patients with impaired renal (creatinine clearance 30 ml/min or <) or hepatic function, the initial dose should be 10 mg every other day.

- **Loratadine** can be administered without regard to meals.
- **Loratadine** is metabolized via cytochrome P450 3A4 (CYP 3A4) and to a lesser extent CYP 2D6. As a result, potent inhibitors of CYP 3A4 (ketoconazole, fluconazole, macrolide antibiotics, nefazodone, protease inhibitors and others) can increase plasma concentrations of **loratadine**. However in controlled studies, no clinically important changes in ECG, laboratory tests, vital signs or adverse effects were reported. **Loratadine** does not appear to be cardiotoxic.
- Adverse effects from **loratadine** are similar to those seen with fexofenadine and may include headache and drowsiness.
- If you have any questions or concerns regarding the switch from fexofenadine to **loratadine**, please contact the pharmacy at your facility.

1. <http://www.vapbm.org/reviews/nonsedatingantihistaminesreview.pdf>
2. Package insert. Claritin (loratadine). Kenilworth, NJ:Schering Corp 1998

Sincerely,